

# **KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**

## **GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION AND RELATED FORMS READ BEFORE PROCEEDING**

### **APPLICATION FOR PRIORITIZATION OF A CONTAMINATED DRYCLEANING SITE**

Pursuant to Drycleaning Regulations K.A.R. 28-68-5 and 28-68-6, an applicant can submit a completed application for ranking of a contaminated drycleaning site to the Kansas Department of Health and Environment (KDHE). KDHE will review the application and related information to determine if the site should be ranked and prioritized for fund expenditure.

- The applicant should complete and sign the application.
- If the applicant is not the real property owner or the lessee, the applicant will provide proof that the real property owner and/or lessee has been notified of the application.
- The applicant will submit the following information with the application:
  - 1) analysis of one groundwater sample from a water supply well, monitoring well, hydraulic push probe or other sample method approved by the department that shows a release of drycleaning solvents to the groundwater has occurred. The sample should have been collected and analyzed no more than one year prior to the date of application. A soil sample may be substituted for the groundwater sample if the applicant has received prior approval from the department;
  - 2) a geologic well log or logs from at least one monitoring or supply well, or hydrogeologic information from the site where the groundwater sample (or approved soil sample) was obtained, if available;
  - 3) the distances to the nearest private domestic well, municipal well, surface water and other receptors; and
  - 4) the present use of the groundwater in the area where the sample was collected.
- The information listed above will be used to rank the contaminated drycleaning site with respect to other sites applying to the fund. The applicant may request a written exemption for submittal of certain information listed above. The department may provide exemption if the information is not necessary for ranking or is readily available to the department.
- The reasonable, direct costs (limit \$2,500.00) incurred by the applicant to collect the information listed above may be credited to payment of the deductible. The department may request invoices or other supporting information for these costs. These documents must contain sufficient detail to show the costs were incurred to collect the information and that these costs were paid.
- KDHE will review the completed application and determine site eligibility within 45 days of receipt of the completed application.
- A written notice of site eligibility will be sent to the applicant after the site is ranked. The notice will state the reason for ineligibility if the site has been determined ineligible.

### **DEDUCTIBLE PAYMENT**

The applicant is responsible for paying a \$2,500.00 deductible, less the reasonable, direct costs incurred by the applicant to collect the application information. The deductible will be collected from the applicant when site work is initiated (i.e., work plan development).

# KDHE APPLICATION FOR PRIORITIZATION OF A CONTAMINATED DRYCLEANING FACILITY

Return completed form to:	Kansas Department of Health and Environment - BER Assessment & Restoration Section Forbes Field, Building 740 Topeka, KS 66620	<b>State Use Only</b> <b>Application Number:</b> <b>Date Received:</b>
<b>INSTRUCTIONS</b>		
Please type or print in ink all items except "signature" in Section 6. This form must be completed for each contaminated drycleaning site. ALL BLANKS MUST BE FILLED IN. If an item does not apply, write "NA."		
<b>1. APPLICANT INFORMATION</b>		<b>2. CONTAMINATED FACILITY INFORMATION</b>
Applicant Name (Person or Business)	Contact Person	Name of Facility
		Contact Person
Mailing Address		Street Address
City	County      State      Zip	City      State      Zip
(Area Code) Phone Number	Kansas Sales Tax Number	(Area Code) Phone Number      County
<b>3. LANDOWNER INFORMATION</b>		<b>4. OWNER OF DRYCLEANING BUSINESS</b>
		(If same as Section 1, check here ____.)
Owner Name (Individual, Corporation, etc.)	Contact Person	Owner Name or Company Site Identifier, as applicable
		Contact Person
Street Address		Street Address or County Road, as applicable
		#
City	State      Zip	Kansas Sales Tax Number      County
(Area Code) Phone Number		City      State      Zip
<b>THIS BOX RESERVED FOR OFFICIAL USE ONLY</b>		(Area Code) Phone Number
		<b>5. LESSEE</b>
		(If same as Section 4, check here ____)
		Name of Facility
		Contact Person
		Street Address
		City      County      State      Zip
<b>6. CERTIFICATION (Read and sign after completing applicable Sections on page 2 and any accompanying forms.)</b>		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.		
PRINT Name of Applicant		
Signature of Applicant		Date

Applicant Name (from Sec. 1) \_\_\_\_\_ Facility Name (from Sec. 2) \_\_\_\_\_

PLEASE FILL IN ALL APPLICABLE INFORMATION.

7. DESCRIPTION OF DRYCLEANING MACHINES AND FACILITY (Complete for each machine currently at this location.)																													
Have drycleaning operations ceased at this location? _____ If yes, what date did operations cease? _____																													
Drycleaning machine identification number or arbitrarily assigned sequential number (1,2,3...)	Machine No.	Machine No.	Machine No.	Machine No.																									
<p>a. Status of drycleaning machines (mark all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Currently in use (Y/N)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Temporarily out of use (MO/YR)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Permanently out of use (MO/YR)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Brought into use before Dec. 9, 1991 (Y/N)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Brought into use after Dec. 9, 1991 (Y/N)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>					Currently in use (Y/N)	_____	_____	_____	_____	Temporarily out of use (MO/YR)	_____	_____	_____	_____	Permanently out of use (MO/YR)	_____	_____	_____	_____	Brought into use before Dec. 9, 1991 (Y/N)	_____	_____	_____	_____	Brought into use after Dec. 9, 1991 (Y/N)	_____	_____	_____	_____
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b. Estimated age of machine (in years). _____																													
c. Estimated storage capacity of cleaning solvent per machine (in gallons). _____																													
d. Are machines "permanently out of use" drained of all drycleaning solvents? (Indicate Y or N) _____																													
e. When did drycleaning operations begin at this location? _____ (MO/YR, if known)																													
8. SOLVENT USE, DELIVERY, STORAGE AND DISPOSAL																													
a. What type of solvents are currently being used? Perc _____ Petroleum Naphtha _____ Other _____ (Specify _____)																													
b. What type of solvents have been used in the past? Perc _____ Petroleum Naphtha _____ Other _____ (Specify _____)																													
c. Are virgin (new) solvents stored in containers other than the drycleaning machine? YES NO																													
d. Are chlorinated drycleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system? YES NO																													
e. Are PCE solvent wastes stored in sealed containers? YES NO																													
9. ADDITIONAL INFORMATION																													
<p>a. Type of previous corrective action initiated (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td>_____ NONE</td> <td>_____ Soil Removal</td> <td>Other Remedial Activities?</td> </tr> <tr> <td>_____ Site Investigation</td> <td>_____ Groundwater Treatment</td> <td>_____</td> </tr> <tr> <td>_____ Expanded Site Assessment</td> <td>_____ Remediation</td> <td>_____</td> </tr> <tr> <td>_____ Remedial Design Plan</td> <td></td> <td></td> </tr> </table>					_____ NONE	_____ Soil Removal	Other Remedial Activities?	_____ Site Investigation	_____ Groundwater Treatment	_____	_____ Expanded Site Assessment	_____ Remediation	_____	_____ Remedial Design Plan															
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_____ Remedial Design Plan																													
b. Dates corrective action conducted: _____																													
c. Total costs incurred for work approved by the department: \$ _____																													